

Rhode Island Long-Term-Care-Coordinating Council



Legislation

Advocacy

Education

Information



Research

Policy

Planning

Coordination

2004 Annual Report

Lt. Governor Charles J. Fogarty
Chairman

"Working Together: Making All the Pieces Fit"
January 2005

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**Message From the Chairman
Lieutenant Governor Charles J. Fogarty**

January, 2005

I am pleased to report on the 2004 accomplishments of the Long-Term-Care-Coordinating Council and to make recommendations regarding long term care reform for 2005. Our most notable activity in 2004 was our work to end the wait list for the state subsidized "co-pay" program for home and community care. Established in October 2003, the wait list had grown to 300 persons by the end of the fiscal year. Thanks to the hard work of many advocates, the General Assembly added \$850,000 to the FY2005 budget to end the wait list. At year's end all eligible persons were being served.

The Council continued advocating in 2004 to bring affordable assisted living to low-income persons. Its recommended legislation to fund 180 additional units of Medicaid-waiver assisted living units did not pass. However, settlement of a law suit filed against the state by several assisted living providers receiving financing from RI Housing provided impetus to expand the Department of Elderly Affairs' home and community care waiver to allow more persons to access assisted living and partially address the wait list for this service. The Council continued to support an increase in staff to adequately monitor the growing assisted living industry and after almost two years of advocacy, at year's end one additional assisted living surveyor position was being filled.

The affordability of Rx drugs for seniors and persons with disabilities continued as a priority and the Council-supported legislation to coordinate RIPAE with private coverage and with the new Medicare transitional RX drug discount program was passed. Challenges for the coming year will be to educate consumers about the Medicare Part D drug benefit to begin in 2006, transitioning persons on Medicaid to Medicare Part D and keeping RIPAE strong for elders with modest incomes who will not be eligible for premium assistance in Medicare Part D.

In September, the Council co-sponsored with AARP RI, Brown Medical School and Fannie Mae the second successful "***Booming into the Future***" forum which focused on Financial Strategies for a secure retirement.

In December, the Council issued the report of its Task Force on Nursing Facility Closures which Chairman Fogarty formed in June in the wake of the closing of Hillside Health Center. The comprehensive report makes 42 recommendations for improving the quality of nursing home care and preventing future Hillside-type nursing home failures. Working to implement these will be a major focus of the Council's agenda in 2005 as will work to seek equitable payments for home and community care services.

I extend my sincere thanks to all members of the Council for their continued dedication to bring quality, affordable and accessible long-term care services to Rhode Islanders.

Sincerely,

Charles J. Fogarty
Lieutenant Governor
Chairman, Long-Term-Care Coordinating Council

BACKGROUND OF THE LONG-TERM-CARE-COORDINATING COUNCIL

The RI Long-Term-Care-Coordinating Council was established in 1987 by legislation proposed by former Lt. Gov. Richard A. Licht (Rhode Island General Law 23-17.3). By law, the council's purpose is "to develop and coordinate state policy concerning all forms of long-term health care for the elderly and adults with chronic disabilities and illnesses, ranging from at-home and community based care and respite care through intensive nursing care to long-term hospital care." The Council carries out its charge by bringing together leaders from the private and public sectors to coordinate and set the state's long-term care agenda. The thirty-seven-member council includes elected officials, consumers, state agency directors, advocates, and providers of long-term care.

In 1994, the Council published *LONG-TERM CARE PLAN FOR RHODE ISLAND: 1995-2000. Working Together- Making All the Pieces Fit*. The state long term care plan is intended to move the public and private agencies in the state which either fund, regulate or provide long term care in accord with the following guiding principles:

- To recognize that the need for long term care will continue to grow, and will continue to be a major budget concern for the state.
- To expand efforts that support the many Rhode Island families who shoulder the burden of providing care for a loved one.
- To shape services to fit the consumers and their situations.
- To redesign the way that long term care services are paid for, in such a way that promotes prevention, early screening, and care in the most appropriate and least costly ways.
- To adopt a uniform set of questions to be used by a network of qualified and objective "screeners/case managers" who will work with families to determine their needs and the best possible options for care.
- To continually improve the quality of care provided, taking into account consumer satisfaction, and seeking high standards for state oversight.
- And, in every way, to attempt to help people in need by clearing away unnecessary hurdles to receiving care in the most appropriate and timely fashion.

CHAIRPERSONS OF THE COUNCIL

1987-1988: Lieutenant Governor Richard A. Licht
1989-1992: State Representative Neil A. Corkery
1993-1996: Lieutenant Governor Robert A. Weygand
1996-present: Lieutenant Governor Charles J. Fogarty

LONG-TERM-CARE-COORDINATING COUNCIL
(Membership as of December 1, 2004*)

Neil Corkery, Co-Vice Chairman
Anna Tucker, Co-Vice Chairwoman
E. Naomi Craig, Secretary

Senator June Gibbs, Co-Chair Legislation Committee
Senator Elizabeth Roberts
Representative Peter Ginaitt, Co-Chair Legislation Committee
Representative Bruce Long
Sec. Of State Matt Brown
Maria Barros
Mary Benway
Kathleen Connell
Dr. Herbert Constantine
Robert DiCenso
Elizabeth Earls
Jane Hayward
Roberta Hawkins
Robert Henry (deceased December 2003)
William Jackson
Dr. Louis Marino
Beverly McGuire
Kathleen McNamee
Elizabeth Morancy
Anna Prior
Patrick Quinn
Angelo Rotella
Corinne Russo
Raymond Rusin
Richard Ryan
Alfred Santos
Bonnie Sekeres
Karen Smith
Cindy Soccio
Susan Sweet
Sr. Marietta Walsh

Staff

Maureen Maigret, RN, MPA
Executive Director

Lori Field
Executive Assistant

* Council members serve until re-appointed or until a new member is appointed

Section 1. Recommendations for 2005

In 2005 the work of the Long Term Care Coordinating Council will be guided by the 2005 Work Plan adopted at the Council's January 12, 2005 meeting and presented below. Key activities include actions to: implement the recommendations from the Task Force on Nursing Facility Closures through legislative and other means; seek equitable payment for home and community care providers; address service gaps which diminish long term care options low income persons such as exist for assisted living; assuring Rx drugs are affordable for seniors and persons with disabilities.

2005 WORK PLAN (as approved on January 12, 2005)

These recommendations are based on the principles, goals and objectives of the Long-Term-Care Coordinating Council's State Plan. In many instances they are activities initiated or recommended in previous years but not yet fully implemented. Implementing these recommendations will require the cooperation and collaboration of all the public and private participants involved in the work of the Council.

SYSTEM INFRASTRUCTURE

1. Develop and implement a long-term-care information system, including resource needs, which will serve as interdepartmental data and planning resource for long term care. **Lead agency: DHS**
2. Implement a statewide computerized long-term-care information resource guide with public, consumer-friendly interactive web access. **Lead Agencies: DHS and DEA**
3. Support adequate resources for HEALTH to comply with state and federal long term care survey requirements and to investigate complaints in a timely and effective manner.
Lead Agency: HEALTH and LTCCC
4. Support implementation of system-wide long-term care entry system as mandated by RIGL 42-66-4(b) and envisioned in "ONE STOP" grant project to include the resources and policy reforms needed to adopt a statewide counseling and assessment program for long term care. **Lead Agency: DEA**
5. Support funding in FY06 budget to begin to implement RI PACE (Program of All-Inclusion Care for the Elderly) program as a model to demonstrate an integrated care model. **Lead Agencies: DHS and LTCCC**
6. Continue to review service use and to identify needs of minority elders.
Lead Agencies: LTCCC, DEA, Minority Elder Task Force
7. Continue to review state long term care spending and utilization trends and to study system demand and capacity for addressing future needs including those of "baby boomers". **Lead Agencies: LTCCC, DEA and AARP**
8. Continue to implement 1998 Health Care Quality Measurement and Reporting Law as it relates to long-term-care facilities. **Lead agency: HEALTH**
9. Continue to address long-term care workforce issues, including professional nurse shortage in long-term care industry and issues relating to certified nursing assistants. **Lead Agency: LTCCC**
10. Support efforts to continue to work toward fair and rational payment methods for all long term care providers. **Lead Agencies: LTCCC, Provider and Advocacy Groups**

SYSTEM COMPONENTS

Nursing Facilities

11. Implement recommendations of the Nursing Facility Closure Task Force through legislation, administrative policy, advocacy and support for funding as appropriate. **Lead agency: LTCCC**
12. Continue to address problems in providing oral (dental) health care for nursing home residents, other long term care clients and elders with low incomes and to seek viable solutions to address the service gaps in this area. **Lead agencies: DHS, Providers, Alliance for Better Long Term Care and Senate Commission on Oral Health**

HOME AND COMMUNITY SERVICES

13. Continue to promote adequate and equitable funding for home and community-based services including supportive services such as information and counseling, transportation, supportive housing and family caregiver assistance programs that allow persons to remain in home and community environments.

13.1. Work to secure additional state budget funds to increase access for low income persons to assisted living waivers and study funding methods for assisted living services in order to reach a consensus for reimbursement for this service in future years.

Lead agency: LTCCC

13.2. Support implementation of a community provider index as recommended by Legislative Study Commission. **Lead agency: Commission Chairman and Providers**

14. Review survey of health needs of persons using the state enhanced SSI program for assisted living and develop a plan to meet those needs.

Lead agencies: LTCCC and DHS

Rx DRUGS

15. Continue to advocate for affordable Rx drugs for the elderly and persons with chronic illnesses.

Lead agency: LTCCC

16. Examine potential impact of federal Medicare Reform (MMA) on state RIPAE and Medicaid program and suggest state action as appropriate.

Lead agencies: DHS and DEA

FINANCING

17. Continue to examine the role of and promote long-term-care insurance in financing long-term care.

Lead agency: LTCCC

18. Continue to seek federal reform to provide equitable payment in Medicare and Medicaid for funding for long-term-care and skilled nursing and therapeutic services and to oppose proposed federal reforms in Medicare and Medicaid harmful to consumers and providers and that would negatively impact state finances.

DISABILITY PREVENTION

19. Continue to coordinate activities of RI Fall Prevention Partnership including sponsorship of Fall Prevention Conference focused on Behavior Modification strategies as means of reducing disability and chronic conditions.

Lead agency: LTCCC

Section 2. 2004 Long Term Care Coordinating Council Activities

Meeting Dates

During 2004 the full Council held nine regular meetings on the dates listed below. Copies of all Council meeting minutes are maintained in the office of the Chairman, Lieutenant Governor Charles J. Fogarty.

January 14	May 12	October 13
March 10	June 9	November 10
April 14	September 8	December 8

Scope of Work

The Long-Term-Care-Coordinating Council works in four major areas to accomplish its mission: (1) the development and support of legislation; (2) advocacy; (3) public

information and education; and (4) planning, research and policy development. To guide its activities for 2004, the Council adopted a Work Plan based on the Goals, Objectives and Action Steps of the State Long Term Plan adopted in 1994 and revised in 2000. A summary of the Council's 2004 activities in each of the four major areas of its work follows. Also, an end-of-year status report on the council's 2004 Work Plan is found in Section 3.

LEGISLATION

Each year the Long-Term-Care Coordinating Council convenes its Legislative Committee co-chaired by Senator June Gibbs and Representative Peter Ginaitt to suggest legislative initiatives for recommendation to the full Council. Following is a list of bills introduced into the 2004 legislature at the request of Lt. Gov. Fogarty upon the Council's recommendation or legislation related to long-term care that was reviewed by the Council and formally supported or opposed by the Council. The full text of all bills can be found at the RI General Assembly website at www.rilin.state.ri.us/gen_assembly.

S2016 (Lieutenant Governor)

BY Roberts, Paiva-Weed, Perry, Goodwin, Gibbs

ENTITLED, AN ACT RELATING TO STATE AFFAIRS AND GOVERNMENT -- PHARMACEUTICAL ASSISTANCE TO THE ELDERLY ACT

7/2/04 Sub A Effective without Governor's signature. **Public Law 262**

H7902 (Lieutenant Governor)

BY Ginaitt, Dennigan, Lowe

ENTITLED, AN ACT RELATING TO STATE AFFAIRS AND GOVERNMENT -- PHARMACEUTICAL ASSISTANCE TO THE ELDERLY ACT

2/12/2004 Introduced, referred to House H.E.W (Note: this bill is identical to S2016 above)

Summary: Makes permanent the provisions relating to Coordination of Benefits between RIPAE and private health insurance passed in 2003 to continue to allow RIPAE to cover eligible drugs once a consumer has used up their allowable dollar coverage or when a specific drug is not covered by a health plan.

S2504 (Lieutenant Governor)

BY Fogarty P, Goodwin, Gibbs, Connors, Roberts

ENTITLED, AN ACT RELATING TO HEALTH AND SAFETY -- RIGHTS OF NURSING HOME PATIENTS

6/25/05 Passed as amended; Effective without Governor's signature. **Public Law 182**

H7664

BY Handy, Coderre E, Anderson R, Savage, Moffitt

ENTITLED, AN ACT RELATING TO HEALTH AND SAFETY -- RIGHTS OF NURSING HOME PATIENTS

6/17/04 Passed as amended; Effective without Governor's signature. **Public Law 115**

Summary: Requires posting of ombudsman and Medicaid fraud agency contact information in nursing homes

S2542 (Lieutenant Governor)

BY Gallo, Goodwin, Roberts, Connors, Gibbs

ENTITLED, AN ACT RELATING TO HEALTH AND SAFETY

SubA passed; 7/03/04 Effective without Governor's signature. **Public Law 228 H7614 (Lieutenant Governor)**

BY Slater, Ginaitt, Giannini, Dennigan, Anguilla

ENTITLED, AN ACT RELATING TO HEALTH AND SAFETY

SubA passed; 7/03/04 Effective without Governor's signature. **Public Law 303**

Summary: Prohibits a bedhold reserve charge greater than Medicaid rate for Medicaid nursing home residents

S2549 (Lieutenant Governor)

BY Alves, Roberts, McBurney, Goodwin

ENTITLED, AN ACT RELATING TO ASSISTED LIVING RESIDENCES

Passed; 6/18/04 Effective without Governor's signature. **Public Law 126**

H7717 (Lieutenant Governor)

BY Ginaitt, McNamara, Lewiss, Long

ENTITLED, AN ACT RELATING TO ASSISTED LIVING RESIDENCES

Passed; 6/11/04 Effective without Governor's signature. **Public Law 86**

Summary: Makes changes to definitions for dementia-level assisted living licensing and adds policy about refunding of deposits to resident disclosures

S2557 (Lieutenant Governor)

BY Roberts, Gallo, Cote, Algieri, Gibbs

ENTITLED, AN ACT RELATING TO TAXATION -- PERSONAL INCOME TAX

2/11/2004 Introduced, referred to Senate Finance

H7684 (Lieutenant Governor)

BY Ginaitt, McNamara, Lewiss, Long

ENTITLED, AN ACT RELATING TO TAXATION -- PERSONAL INCOME TAX

2/11/2004 Introduced, referred to House Finance

Summary: Creates a state personal income tax credit for long-term-care insurance premiums

S2585

BY Roberts, Gibbs, Tassoni, Felag, Issa

ENTITLED, AN ACT RELATING TO HUMAN SERVICES

Sub A as amended passed; 6/25/04 Effective without Governor's signature. **Public Law 183**

H7726 (Lieutenant Governor)

BY Ginaitt, McNamara, Lewiss, Long, Dennigan

ENTITLED, AN ACT RELATING TO HUMAN SERVICES

Sub A as amended passed; 7/02/04 Effective without Governor's signature. **Public Law 271**

Summary: Requires state to implement a community-based long-term-care entry system by January 2006

S2677 (Lieutenant Governor)

BY Alves, Roberts, Caprio F, McBurney, Goodwin

ENTITLED, AN ACT RELATING TO HUMAN SERVICES - LONG TERM HOME HEALTH CARE

2/11/2004 Introduced

H7551 (Lieutenant Governor)

BY Gallison, Ginaitt, Lewiss, Slater, Dennigan

ENTITLED, AN ACT RELATING TO HUMAN SERVICES - LONG TERM HOME HEALTH CARE

02/05/2004 Introduced and Continued

Summary: Requires state Medicaid funding for 180 approved assisted living waiver units and for these approved units and other home and community services to be included in the caseload estimating conference

S2797 (Lieutenant Governor)

BY Connors, Goodwin, Roberts, Gibbs, Tassoni

ENTITLED, AN ACT RELATING TO HUMAN SERVICES -- ESTABLISHING A LONG-TERM CARE IMPROVEMENT FUND

2/11/2004 Introduced and held for further study

H7613 (Lieutenant Governor)

BY Slater, Ginaitt, Giannini, Lewiss, Dennigan

ENTITLED, AN ACT RELATING TO HUMAN SERVICES -- ESTABLISHING A LONG TERM-CARE IMPROVEMENT FUND

2/10/2004 Introduced and Continued

Summary: Creates a special dedicated fund for receipts of civil monetary penalties assessed against long-term care facilities to be used for nursing home quality improvement

S2536 (Lieutenant Governor)

BY Goodwin, Roberts, Gibbs, Lanzi, Perry

ENTITLED, AN ACT RELATING TO STATE AFFAIRS AND GOVERNMENT

2/11/2004 Introduced and held for further study.

H7901

BY Ginaitt, Reilly, Dennigan, Long, Lowe

ENTITLED, AN ACT RELATING TO STATE AFFAIRS AND GOVERNMENT

2/12/2004 Introduced

Summary: Extends RIPAE state drug price discounts to persons on SSDI starting age 21 years

Resolutions

House Resolution No.8272

BY Giannini, Dennigan, Handy

ENTITLED, HOUSE RESOLUTION RESPECTFULLY URGING THE UNITED STATES CONGRESS TO REVISE CERTAIN PROVISIONS OF THE MEDICARE PRESCRIPTION DRUG, IMPROVEMENT AND MODERNIZATION ACT OF 2003

(HR-1) 3/10/2004 Introduced; 6/22/04 House read and passed – R351

House Resolution No. 8576

By: Representatives Giannini, Handy, and Benson

Entitled, HOUSE RESOLUTION PROCLAIMING MAY 23 - MAY 29, 2004 AS "FALL PREVENTION AWARENESS WEEK" IN THE STATE OF RHODE ISLAND.

5/27/2004 Introduced, Passed. R292

House Resolution No. 8611

By: Representative Ginaitt

Entitled, HOUSE RESOLUTION PROCLAIMING MAY 23 - MAY 29, 2004 AS "FALL PREVENTION AWARENESS WEEK" IN THE STATE OF RHODE ISLAND.

6/03/2004 Introduced, Passed. **R307**

Senate Resolution No.3015

BY Goodwin

ENTITLED, JOINT RESOLUTION RESPECTFULLY URGING THE UNITED STATES CONGRESS TO REVISE CERTAIN PROVISIONS OF THE MEDICARE PRESCRIPTION DRUG, IMPROVEMENT AND MODERNIZATION ACT OF 2003 (HR-1) 4/01/2004 Introduced; 6/24/04 House passed in concurrence. **R366**

Senate Resolution No. 3134 (Lieutenant Governor)

BY Roberts

PROCLAIMING MAY 23 - MAY 29, 2004 AS "FALL PREVENTION AWARENESS WEEK" IN THE STATE OF RHODE ISLAND

5/20/2004 Introduced

Referred To: Recommended for Immediate Consideration and passed. **R273**

Additional RIPAE Legislation of Interest

H7630

BY Costantino, Anguilla, Slater, Lewiss, San Bento

ENTITLED, AN ACT RELATING TO STATE AFFAIRS AND GOVERNMENT - PHARMACEUTICAL ASSISTANCE TO THE ELDERLY

Passed. Effective without Governor's signature. **Public Law 466**

Summary: Makes permanent the provisions relating to Coordination of Benefits between RIPAE and private health insurance passed in 2003 to continue to allow RIPAE to cover eligible drugs once a consumer has used up their allowable dollar coverage or when a specific drug is not covered by a health plan.

Additional Legislation of Interest

S2541

BY Alves, McBurney, Goodwin, Roberts

ENTITLED, AN ACT RELATING TO MEDICAL ASSISTANCE -- DENTISTS, DENTAL HYGIENISTS AND DENTAL ASSISTANTS

Passed as amended. Effective without Governor's signature. **Public Law 292**

Summary: Allows dental hygienists to practice outside dentists' office without direct supervision to serve nursing home residents.

S2680

BY Alves, McBurney, Goodwin

ENTITLED, AN ACT RELATING TO BUSINESSES AND PROFESSIONS -- NURSING POOLS. Passed as Sub, amended. Effective without Governor's signature. **Public Law 377**

Summary: Reinstates registration for nursing pools.

ADVOCACY

Co-Pay Freeze. Chairman Fogarty led advocacy efforts to obtain additional funding to lift a freeze imposed on persons being accepted for service in the DEA-administered “co-pay” home and community care program through press conferences, letters to Governor Carcieri and legislative leaders. The freeze forced some seniors to enter nursing homes at a potential cost to the state far greater than the average \$2,500 cost per client spent in the co-pay program. As a result of a strong advocacy effort that included family members and community providers, the legislature added \$850,000 to the FY2005 DEA budget to enable the freeze to be lifted. The result is that at year’s end, all eligible persons on the waiting list had been put on service.

State Budget for FY 2005. The Council’s Work Plan for 2004 contained funding items relating to: (1) expanding the number of low-income persons able to use the assisted living waiver program and (2) additional staff at HEALTH for assisted living regulatory enforcement. The Chairman, Executive Director and several members of the Council advocated for these funding priorities with the Governor and legislative leaders. In June, the Chairman issued a press release stating that the lack of assisted living survey staff could harm senior residents. In November, a position was posted for an additional assisted living surveyor at HEALTH and applicants were scheduled for interviews.

Advocating for Persons with Disabilities. To provide an opportunity for the public to identify the concerns and needs of people with disabilities, in July the Council again joined with many other advocacy and/or provider agencies in co-sponsoring a series of public hearings organized by the Governor’s Commission on Disabilities. The data collected from these hearings help advocates to set an advocacy agenda and to inform policy makers about the unmet needs of persons with disabilities. Legislation to expand RIPAE coverage to persons with disabilities on SSDI is a result of this advocacy effort.

Medicare Reform. In 2004, the Council continued its advocacy for Medicare reform through its recommended legislative resolutions to Congress urging them to support revisions to the new Medicare Modernization Act’s Rx drug benefit program as the new law contains gaps in coverage that will leave many Rhode Island elders receiving few new benefits in 2006 when it begins and prohibits the government from negotiation lower Rx drug prices for the new benefit.

PUBLIC INFORMATION AND EDUCATION

Web Site.

The Council continued to maintain its website accessed through Lt. Governor Fogarty’s web site found at: www.ltgov.ri.gov. In addition to information on the activities of the Council including electronic versions of its major reports, the webpage contains extensive information on long-term care services targeted toward consumers and caregivers such as **A Guide to Long-Term Care in Rhode Island.** This comprehensive guide provides information about the types of services that may be needed, their cost, the agencies that may assist consumers and caregivers in accessing and paying for care and guidance in making care choices. It includes a listing of licensed long-term care providers as well as an indexed version of the Pocket Manual of Elder Services published by the Department of Elderly Affairs. It also includes important information on financial and legal issues. The Guide can be found at:

A Guide to Long Term Care Insurance

In April, the Council published an update of this important consumer guide that contains information on long term care insurance and long term care costs specific to Rhode Island. The Guide was made available to senior centers and the Department of Elderly Affairs and published on the Council's website.

Forum: *Booming Into the Future II: Financing Your Independence*

On September 21st, the Council partnered with AARP RI, the Brown Center for Gerontology and Research, and Fannie Mae to sponsor the second Forum in this hugely successful and well-attended "Booming Into the Future" series. Driving the Council's interest in planning these Forums are the compelling statistics regarding the aging of the "baby boomers" that underscore the need to encourage persons to plan early for their financial security including their future long term care needs. Nearly 77 million baby boomers will begin to turn age 65 by 2008 - that's more than double the current population of seniors and meeting their long term care needs will require a strong public/private partnership. Below is the agenda for the Forum.

Presenters & Speakers

Lt. Governor
Kathleen Connell, State Director, AARP-RI
Phil Zarlengo, Ph.D., State President, AARP-RI

Moderators

Vin Mor, PhD. and Susan Allen, Ph.D. - Brown University Medical School

√Keynote Speaker

Barry Zigas - Senior Vice President National Community Lending Center, Fannie Mae

√Luncheon Speaker

Tom Nelson, Chief Operating Officer, AARP, Washington, DC

Panel I - The Road to Independent Living

- √ Financial Literacy: "How Much Do you Know" - Attorney General's Consumer Unit
- √ Preparing for Retirement: "Is Retirement in Your Future?" - Fidelity Investments
- √ Housing Options: "Where Will You Live?" - Scott Wolf, Growsmart

Panel II - Staying Independent

- √ Home Sweet Home: "The Future of Home Based Living" - Jeff Mason, Healing Homes
- Planes, Trains and Automobiles: - "Staying Mobile" - Corinne Russo, Director DEA
- √ RX for the High Cost of Health Care: "Planning for Long Term Care" - Lt. Gov. Fogarty, Chairman, LTCCC

Newsletter. In July, the Council published an edition of its newsletter, ***Rhode Island Long-Term-Care Briefs***, reporting on legislative actions, state funding for long term care and program activity dealing with long-term care and other related matters. The newsletter is distributed to about 3000 individuals and/or aging service agencies.

Public Presentations and Media Events

In an effort to keep the public informed on issues and policy relating to long-term care and the work of the Council, the Chairman and Executive Director participate in many public forums, press conferences, visits to local senior centers and at other meetings and events. In 2004, these activities included:

Presentations regarding long term care and aging-related policy issues to AARP, RI Forum on Aging, RIAFSA Annual Conference, West Warwick Senior Center, East Providence Senior Center, Woonsocket Senior Center, Narragansett Senior Center and the Bristol Senior Center.

Chairman Fogarty participated in several media shows to discuss home and community care issues and specifically the freeze on the state “co-pay” program including the Truman Taylor show, Newsmakers, Woonsocket Live, Providence Business News. Additionally, the Chairman held a news conference to promote an increase in funds to the Department of Elderly Affairs in order to lift the freeze for “co-pay” services, to announce the FY2003 Long Term Care Budget Report, to announce formation of the RI Fall Prevention Partnership and to report on the findings and recommendations of the Task Force on Nursing Facility Closures.

PLANNING, RESEARCH AND POLICY DEVELOPMENT

2004 Work Plan.

At its January 14th meeting, the Council approved its 2004 Work Plan. The Work Plan is driven by the goals, objectives and guiding principles of the ***Council's State Plan for Long-Term Care***. Section 3 contains the 2004 Work Plan and an end-of-year status report on progress made in carrying out its action steps.

Work Group on Assisted Living.

The Work Group, co-chaired by the Council's Executive Director and Kathleen McKeon, DEA Assistant Director, met once in 2004. It determined that its priorities for 2004 were to advocate for at least one additional surveyor at HEALTH to monitor and regulate the state's 70 licensed assisted living residences and for additional funds to address the waiting list for the assisted living waiver program. Both of the items were incorporated into the council's 2004 Work Plan.

Long-Term-Care Budget.

In May, the Council published the 7th edition of **Rhode Island Long-Term-Care Spending: Where Do the \$\$\$\$ Go?** The purpose of the budget report is to provide policy makers with information on both spending and service use in order to help guide the budget-making process and to evaluate trends in long term care spending. The report provides data on state long-term care expenditures across four departments of state government with spending classified into three areas: institutional care, home and community care and regulatory activities. Data is also tracked for certain long-term-care related spending such as pharmaceutical assistance and congregate nutrition programs. The report also includes data on service and program utilization collated on a cross-departmental basis.

The report for FY2003 showed total spending was \$423,303,979, a two percent increase (\$8,540,234) from FY2002. Spending on home-and community-based care continued to increase at a faster rate than that of the other categories. Moreover, in terms of absolute dollars, for the first time since the report has been issued, the increase in spending for home and community-based care surpassed the increase in dollars spent for institutional care as a result of decreased spending for long-term care funded by the Eleanor Slater Hospital. The proportion of spending among categories also showed a shift with 10 percent of total spending going toward home and community-based care and 88 percent for institutional care. This was a one percent increase in the proportion of total dollars spent for home and community care from FY2002. Regulatory and administrative spending remained at two percent.

Falls Prevention Task Force and RI Fall Prevention Partnership

Fall prevention had been identified by the Council in 2003 as an area suitable to implement its Work Plan objective related to a statewide disability prevention initiative and the Council formed a Falls Prevention Task Force to plan activities to reduce the incidence of falls among the state's elder residents. The Task Force planned a "Train the Trainer" conference held on May 25th that was co-sponsored by the RI Association of Facilities and Services for the Aged. The conference was supported financially by a Department of Elderly Affairs grant of \$3,500 with additional funding provided by **The Village Retirement Communities** to support preparation of a comprehensive "Falls Prevention Training Manual" prepared under the direction of Dr. Patricia Burbank of the URI College of Nursing. All of the one hundred conference participants were provided a copy of the Training Manual.

Interest in the topic of elder fall prevention was so enthusiastic that the Task Force recommended formation of a statewide Falls Prevention Partnership and Chairman Fogarty announced the formation of the **RI FALL PREVENTION PARTNERSHIP** at a press conference held on April 23rd at the Pilgrim Senior Center in Warwick. Partnership members agree to support fall prevention programming in their own agencies and to participate in the work of the Partnership. Partners include: AARP – RI, Alliance for Better Long Term Care, Alzheimer's Association, RI Arthritis Foundation, Blue Cross Blue Shield of RI, Horizon Bay Senior Community, Hospital Association of Rhode Island, Jewish Seniors Agency, Long-Term Care Coordinating Council, Quality Partners of RI, RI Adult Day Services, RI Association of Facilities & Services for the Aging, RI Department of Elderly Affairs, RI Department of Health, RI Health Care Association, RI Housing, RI Department of Human Services, RI Department of MHRH, RI Medical Society, RI State Nurses Association, RI Partnership for Home Care, RI Senior Center Association, Shalom/Shalom II Housing, URI College of Nursing, URI College of Pharmacy, URI Department of Physical Education & Exercise Science, URI Physical Therapy Program and the Village Retirement Communities.

Activities organized by Partner members included two trainings on "Exercised-based Fall Prevention" held on August 26th and September 22nd sponsored by the RI Assisted Living Association with the Council as co-sponsor; development of a model Fall Prevention Program for Senior Housing by Shalom I and II Apartments through a federal grant, creation of a comprehensive Fall Prevention website for the Partnership

by LTCCC staff (fallprevention.ri.gov); and a physician survey of fall risk assessment practices by RI Blue Cross.

RI HEALTH selected senior fall prevention as one of its three priorities for state injury prevention and invited members of the Partnership to serve on a Falls Injury Prevention Task Force to develop recommendations for state objectives for senior fall prevention for the state Injury Advisory Council. At the joint invitation of HEALTH Director Nolan and Chairman Fogarty, many Partnership members participated in this Task Force which completed its work in December. On behalf of the Task Force, the Council's Executive Director will present its recommendations to HEALTH's Injury Advisory Council in January 2005.

Long Term Care Quality Measurement and Reporting. In 2001, HEALTH established a Nursing Home Measures Subcommittee to assist in developing measures and a public report to implement the "Health Care Quality Program" that requires HEALTH to implement a quality performance measurement and reporting program for all licensed health care facilities. The Council's Executive Director and several Council members serve on this Committee. Using the Centers for Medicare and Medicaid (CMS) national measures on nursing home clinical performance the Committee implemented a state specific web-based nursing home quality reporting program using a three-diamond rating system similar to that developed for hospital reporting. Results are on HEALTH's website at: www.health.ri.gov/chic/performance/nursinghome.php. During 2004, the Nursing Home Measure Subcommittee continued its work to develop the first statewide survey and report on nursing home resident/family satisfaction. A vendor was selected to develop the survey tool and a pilot survey of family members was initiated in the fall of 2004. The pilot will be followed by a full survey with a public report of results anticipated for the fall of 2005. In 2004 another Committee convened by HEALTH worked to develop a state specific quality report for Medicare certified home care providers using the new data being reported publicly by CMS as part of its Home Health Quality Initiative. Eleven clinical measures are reported using the same three-diamond scale developed for hospitals and nursing homes. Go to: <http://www.health.state.ri.us/chic/performance/homehealth/index.php> to view the report.

SHAPE II SME Panel on Nursing Workforce

In 2004 the Council's Executive Director served as a member of Subject Matter Expert Panel for the SHAPE Foundation's Nursing Workforce Study. The SME panel group was chaired by Dayle Joseph, Dean of the College of Nursing at the University of Rhode Island, and served to guide the work of the SHAPE Foundation in conducting a comprehensive supply and demand study of the nursing workforce. The study's sobering conclusions are included in a report titled, **HELP WANTED: The Growing Crisis in Rhode Island's Nursing Workforce** issued in November. The study concluded that currently there is a nursing shortage of roughly 8 percent in Rhode Island. By 2010, the shortage could reach 25 percent, and by 2020, Rhode Island could have fewer than half the nurses—both RNs and LPNs—it needs to meet Rhode Island's healthcare demands. These findings are significant for the state's long term care sector.

Task Force on Nursing Facility Closures

In June, Chairman Fogarty formed a Task Force on Nursing Facility Closures to investigate events leading to the closing of Hillside Health Center in Providence and whether existing policies were sufficient to give the state advance warning on troubled nursing homes in danger of closing. The events leading to Hillside's closure, its financial problems and substandard care issues and the impact they had on residents and families were chronicled in a series of articles published in the ***Providence Journal***. The articles highlighted the poor care experienced by Germaine Morsilli, referred to as Resident Number 1, Chairman Fogarty served as Chair of the Task Force whose member included: House Majority Leader Gordon Fox, Senator Rhoda Perry, Kathleen Connell, Madeline Ernest, Roberta Hawkins, Kevin McKay, Elizabeth Morancy, Al Santos, Susan Sweet, Sr. Marietta Walsh and Maureen Maigret, the Council's Executive Director, who also served as staff for the Task Force. The Task Force held six fact-finding meetings including a public hearing for family members and former employees and conducted extensive research on Hillside's history and state and federal agencies role in Hillside regulation and financing. It also reviewed state and federal nursing home regulation in order to develop its recommendations. In November it issued its report, ***Hillside Health Center: Doors Closed, Lessons Learned*** which contained 42 recommendations including an early warning system to flag financial problems or pending financial failure, notification to physicians and family members of poor care of residents, increased surveys for poorly performing nursing facilities and quality improvement programs. A summary of the recommendations is found in Appendix III.

Other Policy-related Activities

In addition to the committees and policy groups noted above, in 2004 Council staff represented the LTCCC on the Ocean State Adult Immunization Coalition, HEALTH's Task Force on Minority Elders and Diabetes, the DEA Guardianship Advisory Committee and Advisory Commission on Home and Community Care, the Attorney General's Task Force to Improve End-of-Life Care. Lieutenant Governor Fogarty, as Chairman of the LTCCC, also served as a Board member of the RI QUALITY INSTITUTE.

Section 3. LTCCC WORK PLAN 2004 – End-of-Year Status Report

The Council adopted an official Work Plan for 2004 at its January meeting that contained 19 Action Items. A status report on this Work Plan follows.

2004 Work Plan End-of-Year Status Review

These recommended Actions are based on the principles, goals and objectives of the Long-Term-Care Coordinating Council's State Plan. In many instances they are activities initiated or recommended in previous years but not yet fully implemented. Implementing the Action Steps requires the cooperation and collaboration of all the public and private participants involved in the work of the Council.

1. Secure additional state budget funds to increase assisted living waiver slots for low-income persons by 180 units as approved by federal government in order to address a growing wait list for this service. This would address a wait list of over 100 persons wishing to access the state assisted living waiver program.

Status and Action Steps

- 1.1. No additional funding included in Governor's proposed FY2005 budget
- 1.2. Legislation introduced to fund additional units and include all approved units in Caseload Estimating Conference (H7551/S2677).
- 1.3. LTCCC staff and members testified before House and Senate Finance Subcommittee on the DHS budget to support adding funds for assisted living waiver units in FY2005 budget and testify before full Finance Committees in support of legislation.

End-of-year status – (1) Legislation did not pass and LTCCC will follow-up on ways to expand assisted living funding in 2005 via legislation; (2) DEA to allow persons to access assisted living in its home and community waiver program directly from community instead of restricting eligibility to those being relocated from nursing homes which will allow some persons on the wait list to access service.

2. Strengthen HEALTH's capacity to monitor and oversee assisted living by addition of at least one FTE surveyor for assisted living oversight

Status and Action Steps

- 2.1 Letters from Chairman Fogarty were provided at hearings by House and Senate Finance Committee Subcommittees on Health to support funding for at least one additional surveyor
- 2.2. Chairman Fogarty advocated for funding in FY2005 budget for additional assisted living surveyor at meeting with House Majority Leader Fox

End-of-year status – Administration **allocated (1) new FTE** position for ALR surveyor at Health and the position was posted and being filled.

3. Study funding methods for assisted living services in order to reach a consensus for reimbursement for this service in future years

Status and Action Steps

- 3.1. LTC and Chronic Cabinet adopts following strategy as part of its draft Strategic Plan of Action for System Enhancement and Integration: ***New opportunities and service options to begin to redirect costs and service utilization***
 - Develop alternative services and strategies to delay/prevent institutionalized care
 - Seek Medicaid waiver to replace the state SSI Supplement Assisted Living program, including "wrap around" services

End-of-year status – Study of issue continues

4. Continue to address problems in providing oral (dental) health care for long-term care recipients and to seek viable solutions to addressing the service gaps in this area

Status and Action Steps

- 4.1. Chairman Fogarty, on behalf of LTCCC, provides letter of support on March 29th to Chair of House Corporations Committee for legislation (H7975) to increase Medicaid funding for dental services for persons in nursing homes and to provide for delegation of appropriate duties to dental hygienists in nursing homes. LTCCC members testified in support of S2541 to delegate duties to dental hygienists in nursing homes at Senate HHS meeting
- 4.2. Sen. Roberts, Al Santos, Roberta Hawkins and LTCCC Executive Director speak at April 14 Rally and Press conference to support increased Medicaid reimbursement for oral health services for nursing home residents on Medicaid
- 4.3. The RI Oral Health Access Project which seeks to increase access to primary and preventive dental services for children and families on Medicaid or those who are underserved allocates \$65,100 of its Robert Wood Johnson grant to CARELINK to develop a new business model for expanding oral health access for nursing home residents.

End-of-year status – (1) S2541 as amended enacted and will allow dental hygienists to practice outside of dentist office in nursing homes without direct supervision of dentists. (2) Carelink to continue to work on RWJ grant in 2005 to develop business model/s for providing oral health care in nursing homes

5. Continue to facilitate Fall Prevention collaborative including sponsorship of Fall Prevention Conference as means of reducing disability and chronic conditions

Status and Action Steps

- 5.1 Fall Prevention Task Force coordinated FALL PREVENTION “Train the Trainer” Conference held on May 25th at Amica co-sponsored by RIAFSA and LTCCC
- 5.2 Senate and House passed Resolutions introduced marking week of May 24-29 as RI FALL PREVENTION AWARENESS week
- 5.3 LTCCC organized statewide RI FALL PREVENTION PARTNERSHIP with a kick-off announcement held on April 26th at Pilgrim Sr. Center
- 5.4 LTCCC developed website for RI FALL PREVENTION PARTNERSHIP to serve as resource for information on fall prevention activities and practices
- 5.5 LTCCC will continue to lead and facilitate work and activities of FALL PREVENTION PARTNERSHIP through the Task Force on Fall Prevention
- 5.6 Fall Prevention Partnership members served on HEALTHs Injury Advisory Council Task Force on fall prevention to develop state plan for senior fall prevention
- 5.7 LTCCC and RIALA co-sponsored two “Exercise-based Fall Prevention Training programs” on August 26th and September 22nd
- 5.8 Jewish Senior Agency received grant to develop model Fall Prevention program for senior housing at Shalom Apartments

End-of-year status – (1) Fall Partnership members continue to work with HEALTH on state Fall Prevention Plan for seniors; (2) RICHA, RIAFSA and Quality Partners to sponsor Fall Prevention Seminar for nursing homes in February 2005; (3) LTCCC will sponsor training in 2005 on using principles of Behavior Modification as Fall Prevention strategy

6. Continue to advocate for affordable Rx drugs for the elderly and persons with chronic illnesses

Status and Action Steps

- 6.1 LTCCC recommended legislation (S2016 – H7902) and supported legislation (H7630 by Rep. Costantino) to extend 2003 RIPAE Coordination of Benefits law to allow enrollees to use RIPAE when needed Rx drug not covered under private plan. Legislation passed.
- 6.2 LTCCC recommended legislation (S2536 – H7901) to extend RIPAE eligibility to persons on SSDI from aged 21 to 54 years for purposes of obtaining RIPAE discount. Legislation did not pass.
- 6.3 Chairman Fogarty and LTCCC members participate in AARP Press Conferences to support legislation to create RI Fair Rx Price law (H7374 by Moura and S2886 by Sen. Paiva-Weed). Legislation passed.
- 6.4 LTCCC worked with LTC and Chronic Care Cabinet Subcommittee and DEA and DHS to inform public about new provisions of Medicare Discount Card and its coordination with RIPAE.
- 6.5 LTCCC recommends Resolution (S3015) urging Congress to revise MEDICARE MODERNIZATION AND IMPROVEMENT ACT OF 2003 to address gaps in new Medicare

Rx

drug benefit program.

End-of-year status: Coordination of Rx drug program and RI Fair Rx Price bills pass. DEA held numerous community meetings and outreach programs in fall to educate seniors about new Medicare Rx Discount program and auto-enrollment by year's end if they are in RIPAE program. LTCCC will support 2005 legislation to expand RIPAE to include persons age 21 years and over on SSDI.

7. Study potential impact of federal Medicare Reform (HR1) on state RIPAE and Medicaid program and suggest state action as appropriate

Status and Action Steps

- 7.1 LTCCC Medicare Reform Group reviewed Medicare Reform Act (HR1) to determine potential impact and recommend activities to coordinate with RIPAE and Medicaid.
- 7.2 Budget Article 43 that provides for RIPAE enrollees to use new Medicare Rx Discount Card \$600 Rx benefit as first payer when person eligible and to be auto-enrolled by end of year if income eligible.
- 7.3 Chairman Fogarty requests legislation (S2558 by Sen. Roberts) to allow DEA to cover costs of any required co-payments or enrollment fees for Medicare Discount Card as incentive for RIPAE enrollees to participate. Legislation did not pass.

End-of-year status: (1) Budget Article 43 passed; (2) DEA receives \$1.6 million grant from CMS to educate seniors on provisions of new Medicare part D and to enroll them in program

8. Continue to promote adequate and equitable funding for home and community-based services and supportive services such as transportation and supportive housing services that allow persons to remain in home and community environments

Status and Action Steps

- 8.1 Chairman Fogarty organizes and leads Press Conference/Rally on March 22nd to advocate for lifting freeze on DEA home/community care program and leads media campaign to alert public regarding wait list and need for funding for co-pay and respite programs. Chairman Fogarty provides letters of support at DEA budget hearings (March 22-House, March 29-Senate) for additional funds in FY2005 budget for DEA co-pay program
- 8.2 LTCCC members participate in Provider Index Coalition working on equitable funding method for indexing state reimbursement for health and human services providers
- 8.3 See for action #1 relating to assisted living funding

End-of-year status: (1) Legislature added \$850,000 to FY2005 budget for co-pay program; (2) DEA reports that persons on waiting list were all put on program and there is no current wait list for service; LTCCC to support COLA for home and community care providers in FY2006 budget

9. Continue to examine the role of and promote long-term-care insurance in financing long-term care

Status and Action Steps

- 9.1 LTCCC recommended legislation (H7684 and S2557) to provide tax credit for long term care insurance premiums. Chairman Fogarty provided letter of support for similar legislation introduced by Rep. Ginaitt . Legislation did not pass.

9.2 LTCCC revised and published 2004 version of *A GUIDE TO LONG TERM CARE INSURANCE*. Department of Elderly Affairs assisted in distribution of the Guide.

End-of-year status: Legislation did not pass and LTCCC will continue to support legislation for tax credit in 2005.

10. Continue to seek federal reform to provide equitable payment in Medicare and Medicaid for funding for long-term-care services, especially home and community services

Status and Action Steps

LTCCC recommends Resolution (S3015 – H8272) urging Congress to address reimbursement decreases for home care providers

End-of-year status: Resolution passed

11. Develop plan for a long-term-care information system, including resource needs, which will serve as an interdepartmental data warehouse for state long-term-care programs

Status and Action Steps – DHS developed draft RFP and additional activity is predicated on securing funding.

End-of-year status: Funding is maintained in DHS FY2005 budget for what is referred to as the “CHOICES Data Module” and an RFP is expected to be issued in January 2005 with an implementation date by the end of 2006.

12. Continue effort to implement a statewide computerized long-term-care information resource guide with public, consumer-friendly interactive web access

Status and Action Steps – A Steering committee was established to provide input . A

requirement analysis is being conducted for an RFP and DEA is purchasing Beacon Software, an Information and Assessment software package with funding obtained from the DHS.

End-of-year status: Website for Aging and Disability Resource Center with basic information on services operationalized: <http://adrc.ohhs.ri.gov>

13. Support and assist in study of services and needs of minority elders

Status and Action Steps

13.1. LTCCC staff and members worked to revise Article 21 from FY2004 budget to continue program for Medicaid funding for nursing home care for elder immigrants. Budget article was not passed.

13.2. LTCCC working with Elder Minority Task Force to develop data base to track aging service provision to elder minorities

End-of-Year Status: Interim Report issued on Service Use by Minority Elders and LTCCC will continue promoting efforts to identify data on minority elder use of aging services

14. Continue to study projected system demand and capacity for serving "baby boomers" using 2000 Census data, national models and disability projections

Status and Action Steps –

14.1. LTCCC to create Study Group

14.2. LTCCC co-sponsored Booming Into the Future Forum II: Financing your Independence with AARP, Brown Medical School and Fannie Mae on September 21st

End-of-Year status – Study Group deferred

15. Support implementation of system-wide long-term care entry system as mandated by state law (42-66-4(b)) and envisioned in "ONE STOP" grant project to include the resources and policy reforms needed to adopt a statewide pre-service screening and assessment program for long term care

Status and Action Steps

LTCCC recommends legislation (H7726 – S2585) to mandate that the state institute a statewide community-based long-term care entry system by July 2006

End-of-Year status: Legislation passes with effective date of October 2006.

16. Support implementation of a RI PACE (Program of All-Inclusion Care for the Elderly) program as a model to demonstrate an integrated care model.

Status and Action Steps

LTCCC staff continued to participate in PACE Implementation Committee and also worked to support funding in FY2005 budget for PACE start up.

End-of-Year status – Last chapters of PACE manual are being written. Funding to begin implementation in FY2006 is on track in DHS budget recommended to Governor and DHS anticipates preparing State Plan amendment to incorporate PACE.

17. Continue to study the health needs, including unmet mental health needs of persons using the state enhanced SSI program for assisted living and develop a plan to meet those needs

Status and Action Steps

As recommended by LTCCC, DHS, under contract with BU, administers a survey to obtain information on needs of SSI population living in assisted living.

End-of-year status: Survey completed under direction of DHS and results to be reported in early January 2005

18. Continue to implement 1998 Health Care Quality Measurement and Reporting Law as it relates to long-term-care facilities and services by developing standardized nursing home resident satisfaction survey and home care quality reporting program

Status and Action Steps

18.1 LTCCC members and staff serve on HEALTH's Nursing Home Quality Measurement Subcommittee which works to develop a survey tool for nursing home resident/family satisfaction. The cost for administering the survey will be allowed as part of the state Medicaid POR for nursing homes.

18.2 HEALTH creates Committee to guide development of home care clinical reporting program using CMS data and creates RI state specific report published on HEALTH's website

End-of-year status: Family satisfaction survey developed by vendor and is being mailed to families by vendor for pilot testing of survey; public report on family/resident satisfaction targeted for fall of 2005. Home care quality report on 11 clinical areas for the state's Medicare certified home health agencies available on HEALTH website.

19. Continue to address long-term care workforce issues, including professional nurse shortage in long-term care industry and issues relating to certified nursing assistants

Status and Action Steps

19.1 LTCCC staff participates in SHAPE II Nursing Workforce Study which will provide data on nursing workforce supply and demand issues including nursing workforce needs of long-term care service industry.

19.2 RIHCA facilitated organizing Work Group of RI Higher Education to identify nurse education demand and capacity issues and promoted state funding for additional nurse faculty positions.

19.3 Chairman Fogarty requests legislation to provide for a state nursing education scholarship program (S2645 by Sen. Polisena)

End-of-year status: (1) RIHCA successfully worked with legislature to add \$800,000 to FY2005 budget to add (13) nursing faculty positions at the state's three colleges of nursing; (2) SHAPE II Nursing Workforce Report completed and shows a supply gap of up to 25 percent by 2010 and up to 55 percent by 2020; LTCCC will support 2005 legislation to expand Nurse Reward program to forgive interest on college loans for nurses and for a state scholarship

Appendix I
Long Term Care Coordinating Council
Highlights of Accomplishments

1987 - 2003

1987

- ◆ *P.L. 87-117 creates Long Term Care Coordinating Council*

1988

- ◆ *Standards established for Long Term Care Insurance*
- ◆ *Case Management system created Nursing Home Receivership Law*

1989

- ◆ *SSI special benefit for residents of Sheltered Care*
- ◆ *Bed priority protection for nursing home residents admitted to hospitals*

1990

- ◆ *Stronger standards for Sheltered Care Facilities*
- ◆ *Consumer protections added to Long Term Care Insurance law*
- ◆ *Facilitated formation of Rhode Island Association for Senior Housing Managers (RIASH)*

1991

- ◆ *Criminal background checks for employees of Long Term Care Providers*
- ◆ *Exploitation added to abuse in Health Care Facilities Act*
- ◆ *Family Caregiver Training Program*

1992

- ◆ *Broadened Residential Care/Assisted Living services*
- ◆ *Instigated new nursing home bed need study by Health Department*

1993

- ◆ *Completed draft of comprehensive State Long Term Care Plan*
- ◆ *Successfully advocated to prevent closing of wards at Eleanor Slater Hospital*
- ◆ *Alzheimer's Special Care Unit Disclosure Law*

1994

- ◆ *Published **Long Term Care 1995-2000, Working Together Making All the Pieces Fit.***
- ◆ *Task Force on Medications in Nursing Facilities*
- ◆ *Mandated Continuing Education for Administrators of Nursing and Residential Care/Assisted Living Facilities*

1995

- ◆ *Milbank Memorial Fund Collaboration Project Begins*
- ◆ *State Long Term Care Ombudsman Statute*
- ◆ *Task Force on Licensing of Home Care Providers*

1996

- ◆ *New Umbrella Law for Licensing Home Care Providers*
- ◆ *Advocated protection of federal Nursing Home Standards*

1997

- ◆ *Promoted \$1.7 million increase in state budget for Long Term Care*

- ◆ *Provider/Physician Disclosure laws*
- ◆ *Facilitated "Choices Coalition" Long Term Care Planning Law*
- ◆ *Passage of "RI Housing Assisted Living Waiver" (PL97-198)*

1998

- ◆ *Secured \$50,000 to develop home care ombudsman program*
- ◆ *Enacted home care "bill of rights" law*
- ◆ *Obtained \$300,000 to fund mental health services for at-risk older adults*
- ◆ *Increased payments for SSI enhanced residential care/assisted living services*
- ◆ *Requirement for certification of residential care/assisted living administrators*
- ◆ *Creation of family caregiver resource network and \$150,000 new funds for caregiver support and respite*
- ◆ *Added drugs for Alzheimer's Disease to RIPAE*
- ◆ *Set new goals and values for state long term care*
- ◆ *Designated DEA as central agency to coordinate community-based long- term care entry system*
- ◆ *Increased funds for home care and Meals on Wheels*

1999

- ◆ *Increased payment rates for Home Care Providers*
- ◆ *Increase Medicaid eligibility to 89% FPL*
- ◆ *Increased Personal Needs Allowance for Nursing Home residents by \$10/month*
- ◆ *Added drugs to treat depression to RIPAE*
- ◆ *Required HEALTH be notified of pending labor action and approve facility response plan*
- ◆ *Required ten percent of nursing home surveys be done in non-standard hours and bi-monthly inspection of facilities with sub-standard care*
- ◆ *Strengthened rights of assisted living residents*
- ◆ *Required HEALTH to submit annual report on long-term care regulatory activities*
- ◆ *Secured additional funds for the following:*
 - \$200,000 for home modifications for persons with disabilities*
 - \$85,000 additional funds for ombudsman program*
 - \$48,400 for Meals on Wheels*
 - \$24,750 for respite care*

2000

- ◆ *Raised Medicaid income eligibility for the elderly and persons with disabilities to 100% of the federal poverty level*
- ◆ *Created the RIPAE PLUS component of RIPAE to offer state co-payments for RIPAE eligible drugs to elders up to \$34,999 (single) and \$40,000 (married)*
- ◆ *Added anti-infectives and drugs to treat arthritis to RIPAE*
- ◆ *Secured \$85,000 to expand the elder care information specialists network*
- ◆ *Secured \$85,000 to initiate a new Volunteer Guardian Program*
- ◆ *Supported creation of DEA Center on Diversity*
- ◆ *Strengthened assisted living license law and changed name from "residential care and assisted living" facility to "assisted living" Residence*

2001

- ◆ *Released "Crisis in Care: A Report of the CNA Study Group" a report prepared by a Council Work Group that included a ten-step set of recommendations to address the direct care staff crisis*

- ◆ *Advocated for a long-term-care direct care staff compensation pass-through which resulted in \$10 million in funding in the FY2002 budget targeted specifically for this purpose*
- ◆ *Supported legislation to expand the RI Pharmaceutical Assistance Program (RIPAE) to include drugs to treat osteoporosis and to add a catastrophic benefit under which RIPAE pays for 100% of covered drugs once an enrollee spends \$1,500 out of pocket on RIPAE covered drugs (passed)*
- ◆ *Supported legislation to seek approval for adding 180 persons to the state Assisted Living Medicaid Waiver program (passed)*
- ◆ *Published "A Guide to Long-Term Care Insurance"*
- ◆ *Presented "Future Directions for Long-Term Care: A Public Policy Conference", a half day forum featuring noted long-term care experts*

2002

- ◆ *Successfully supported legislation to extend state discounts to RIPAE enrollees for all Rx drugs purchased not just those covered by state co-pay*
- ◆ *Successfully supported legislation to allow persons age 55 to 64 years to enroll in RIPAE for purposes of purchasing Rx drugs at state discount*
- ◆ *Successfully supported legislation to require the state to submit a Medicaid waiver (PHARMACY PLUS) to allow low-income elders to participate in new Medicaid Rx drug program*
- ◆ *Developed and won passage of comprehensive revisions to state assisted living licensing law*
- ◆ *Hosted Medicare Roundtable with RI Congressional representatives to provide forum for addressing serious issues with Medicare including provider reimbursement issues and lack of Rx drug benefit*

2003

- ◆ *Advocated for modernization of nursing home Principles of Reimbursement to provide a phase in of new payment system over three years at cost of about \$30 million – first year cost of about \$20 million included in FY2004 budget*
- ◆ *Strengthened RIPAE to include a 15% state co-pay for eligible Rx's for persons on SSDI between ages 55 and 64 years*
- ◆ *Coordination of benefits law passed allowing persons on RIPAE to have coverage for Rx drugs not covered by private plan*
- ◆ *Created funding program to provide elder immigrants not eligible for Medicaid with nursing home care*
- ◆ *Legislation to strengthen long term care ombudsman law*

Appendix II

In October of 1994, the Long Term Care Coordinating Council issued **A Long Term Care Plan for Rhode Island 1995-2000: *Working Together to Make the Pieces Fit***. The Plan's principles and goals are list below.

Principles

1. To recognize that the need for long term care will continue to grow, and continue to be a major budget concern for the state.
2. To expand efforts that support the many Rhode Island families who shoulder the burden of providing care for a loved one.
3. To shape services to fit the consumers and their situations.
4. To redesign the way that long-term care services are paid for, in such a way that promotes prevention, early screening, and care in the most appropriate and least costly ways.
5. To adopt a uniform set of questions to be used by a network of qualified and objective 'screeners/case managers" who will work with families to determine their needs and the best possible options for care.
6. To continually improve the quality of care provided, taking into account consumer satisfaction, and seeking high standards for state oversight.
7. And, in every way, to attempt to help people in need by clearing away unnecessary hurdles to receiving care in the most appropriate and timely fashion.

Goals

1. Life with maximal independence and dignity for all older Rhode Islanders who have limitations as a result of chronic conditions and for younger adults who have similar limitations and who utilize the same service system and supports.
2. A flexible, responsive and affordable state long term care service network.
3. A high quality long term care service system that can demonstrate cost effective results.

Appendix III

LONG TERM CARE COORDINATING COUNCIL TASK FORCE ON NURSING FACILITY CLOSURES Recommendations

The Health Services Council

Recommendation 1: The General Assembly should consider incorporating equity standards for nursing homes into state statute and require that any variance from these provisions be explicitly justified in writing or that alternate arrangements such as escrow accounts (under the control of HEALTH) be made a condition of approval. An alternative would be for the legislature to mandate that the HEALTH Director promulgate regulations regarding equity

Recommendation 2: The General Assembly should review the standards for determining public need and affordability of nursing homes and mixed-use, long term care facilities and consider whether the standards should be subject to more rigorous criteria.

Recommendation 3: The legislature should consider amending the Certificate of Need (CON) law to require that mixed-use facilities that include both assisted living and nursing home components be examined and analyzed by the Health Services Council in the aggregate.

Recommendation 4: The General Assembly should revise the statute creating the Health Services Council and its provisions for appointments of members and requirements for continued service. All members terms should be defined in statute and membership should include consumer representatives and persons with experience in areas such as health care and finance.

Recommendation 5: HEALTH should review staff capacity to assist the HSC and, if necessary, develop the means to provide the expert financial and clinical analysis required to appropriately review projects. This could be done by using staff expertise at HEALTH or other agencies or the engagement of consultants on an as-needed basis and paid for through applicant fees as appropriate.

Financing Issues

HUD

Recommendation 6: Request that Congress review HUD criteria for assessing risk, including the determination of need for nursing home beds and assisted living residences.

Recommendation 7: Request that the state's Congressional delegation determine the status of implementation of recommendations in the 2002 OIG report on the HUD nursing home program and that they support a requirement that audited financial statements be submitted to the HUD's national REAC from both nursing home owners and lessees. In addition, the Congressional delegation should work to obtain authority for HUD to share information on a nursing home's financial status with state nursing home licensing agencies. This would give the licensing agency a means to detect early on financial problems that may be signaling pending insolvency or care issues.

Recommendation 8: HUD should provide HEALTH's Office of Facilities Regulation with a list of HUD-financed nursing homes and HEALTH should provide local HUD staff with copies of survey reports for nursing homes not in substantial compliance.

Recommendation 9: Request that the state's Congressional delegation determine the status of any HUD investigation. In a letter dated October 7th, Chairman Fogarty asked the members of the state's Congressional delegation to look into HUD's involvement with Hillside. In response, a letter dated October 18th was sent to HUD Assistant Secretary for Congressional Affairs, Stephen Nesmith, signed by all the state's Congressional members detailing the request from Chairman Fogarty.

State Financing and Financial Oversight

Recommendation 10: Prepare legislation that would require all certified nursing homes submit financial statements or additional selected financial information to DHS with their annual cost reports. DHS will review this financial information and, based on selected financial triggers, put a nursing home on a “financial alert” whereby HEALTH regulatory staff would be notified and be required to monitor these nursing homes on a more frequent basis to ensure that care standards are not being compromised due to financial problems. The state long-term care ombudsman would also receive notice of the nursing homes put on “financial alert.”

Recommendation 11: HEALTH should develop data standards on finances that will be submitted by nursing homes to HEALTH as required by law. These financial data reports can be submitted as part of the annual re-licensing process and shared with DHS.

Recommendation 12: Develop a set of selected financial conditions that indicate a facility is in financial trouble and which the facility must report to DHS and HEALTH and which causes the facility to be put on a “financial alert” list for closer monitoring of care by HEALTH and the long-term care ombudsman and review of financial issues by DHS .

Recommendation 13: Provide HUD local office staff a list of HUD-financed nursing homes placed on the state’s nursing home “financial alert” list to allow HUD to monitor them more closely and work with the parties and lenders to address financial issues.

Recommendation 14: Amend state law 23-17.11 to give the HEALTH Director authority to petition Superior Court to have a “crisis” manager or consultant review a nursing home’s finances and operations when there is a reasonable belief that financial mismanagement has occurred or insolvency is imminent and to make recommendations for a plan of financial recovery or to recommend that involuntary receivership should be pursued.

Licensing Standards and Enforcement

Recommendation 15: At the request of legislative leaders, the state Auditor General has begun an audit of the Office of Facilities Regulation. To ensure confidence that the survey process is being applied consistently and fairly in the state, the Task Force recommends the audit include a review of the application of federal survey rules and guidance on scope and severity and state survey requirements to determine if they are being applied objectively and in a standardized manner.

Recommendation 16: The LTCCC should review the need for, and advisability of, legislation to incorporate federal nursing home standards (or appropriate portions of them) into state statute and to provide HEALTH with additional enforcement powers specific to these standards so they do not have to rely on the federal government.

Recommendation 17: Revise RIGL 23-17-12 to provide for increased monitoring of nursing homes with poor compliance performance but which do not meet the federal definition of “Substandard Quality of Care”. One option is to require a second visit for nursing homes that have a deficiency related to “Actual Harm”. In addition, HEALTH should review 23-1-12 and adopt regulations as mandated to require criteria for determining frequency of surveys using patient acuity; quality indicators; a facility’s past compliance; and changes in management staff (administrator and director of nurses).

Recommendation 18: Revise the language in 23-17.11 to expand the Director’s ability to use this law to prevent a nursing home’s failure for financial mismanagement or other reasons and to allow the Director to go directly to Superior Court. The law should also allow HEALTH to ask the Court to take the interim step of appointing a “crisis management team or crisis consultant” that could analyze the situation at the nursing home. The team or consultant would have authority to take action to remedy problems without resorting to receivership. The state’s nursing home professionals should assist in identifying professionals willing to provide such crisis consultant or crisis management services.

Recommendation 19: Review state law to determine if HEALTH has sufficient and clear authority to take

action to protect individual nursing home resident safety and to ensure they receive necessary care. Revise state law, as necessary and appropriate, to clarify HEALTH's role in protecting health and safety of individual nursing home residents.

Recommendation 20: The LTCCC should work with key stakeholders to prepare legislation to create a quality consultation and/or monitoring program to be used with poor performing nursing homes based on specific survey findings or other indicators of poor performance.

Recommendation 21: Review RIGL 23-1-21 and RIGL 23-17.8-1 to determine if currently HEALTH has the authority to employ other legal options such as the appointment of temporary managers, consultants, clinical/quality advisors, or crisis management/rapid response teams. If this is not the case, prepare legislation to give HEALTH these specific state legal tools in appropriate circumstances.

Recommendation 22: As part of the Auditor General's audit, the legislature should specifically request that a review of the various complaint reporting requirements be conducted to determine existing opportunities for greater coordination among agencies and any efficiencies that could be obtained in the complaint reporting and investigation process without diminishing resident's rights or reducing the resident safety and protections afforded through the complaint process.

Recommendation 23: The administration should initiate action to establish the interagency agreement on interdepartmental cooperation regarding long term care residents as required under state law.

Recommendation 24: The audit being conducted by the State Auditor General should review the ability of the Office of Facility Regulation's staff to perform all its mandated functions and its capacity to provide oversight in the matters of nursing home administration and financial adequacy. As part of this review it should identify existing state resources available to provide HEALTH with consultation or expertise in such areas as financial oversight or review. The Task Force supports the urgent need for adequate staff and recommends that the administration carefully review HEALTH's supplemental funding request for the current fiscal year. The findings of the auditor general regarding resource needs should be reviewed as part of the state FY2006 annual budget process.

Recommendation 25: Amend state law to require that HEALTH notify residents (when competent) and their family members or legal representatives when a nursing home is found to have "Substandard Quality of Care"; when it is put on state monitoring; or when a sanction involving "No Opportunity to Correct" is imposed. This notice should also be provided in the event of certain state-ordered compliance orders such as denial of admissions. The state LTCO, DHS and members of the nursing home profession should be involved with HEALTH in developing and implementing the process used for this notice requirement. The law should also require notification of family (or the legal representative) of any residents found to be in "Immediate Jeopardy" or with "Actual Harm". In the event a nursing home resident has no family or legal representative, the LTCO should be the person to be notified.

Recommendation 26: The LTCCC will review state laws regarding resident/family councils and prepare legislation to define the role of resident/family councils and the responsibility of the nursing home and LTCO to provide support to them.

Recommendation 27: The LTCO should work with appropriate partners, including the nursing home profession, to develop a standardized set of information for residents and families on nursing home grievance procedures; complaints reporting; and resident rights. This information will supplement the information provided as required by individual nursing homes. The LTCCC will advocate for resources for the Alliance for Better Long Term Care to allow for creation of a website to serve as an information exchange for state resident/family councils and to support and facilitate the establishment of resident/family councils.

Recommendation 28: The issue of the development of state standards for direct-care staff in nursing homes should be reviewed. The review should consider available research on the relationship of nurse staffing levels and quality outcomes; methods for recognizing variations in resident need; and the projected impact on cost and workforce availability. Also, to obtain reliable data on nurse staffing in

nursing homes on an ongoing basis, state law should be revised to require that nursing homes systematically report on the levels of actual direct nursing staff and the use of “pool” nurses to meet staffing needs.

Management/Owner and Professional Responsibility

Recommendation 29: Revise state law to authorize the state Board of Examiners for Nursing Home Administrators to take pro-active steps to review and assess a nursing home administrator’s competence when a nursing home has a demonstrated record of continued and serious non-compliant issues. Also, empower the board to take action to either put the administrator’s license on probationary status or to force appropriate remedial training or continuing education.

Recommendation 30: Revise state law to require that the Board of Examiners for Nursing Home Administrators be provided copies of surveys citing “Substandard Quality of Care” when they are mailed to the nursing home.

Recommendation 31: The General Assembly should consider amending state law to require that nursing homes file with state regulators copies of management contracts with management companies as part of the licensing application and re-licensure process in order to establish who is in control and making decisions. It should also review annual nursing home re-licensing requirements and consider a new system which could put a licensee on probationary or provisional status if it were found to have substantial non-compliance issues. Consideration should also be given to authorizing civil penalties for significant noncompliance to be imposed on persons who control operations.

Recommendation 32: Amend state law to require that (1) HEALTH provide medical directors with copies of survey reports when they are initially mailed to the nursing home; (2) the medical director be invited to participate in survey exit interviews whenever a preliminary finding of “Actual Harm” or “Substandard Quality of Care” is made; and (3) the medical director participate in and approve all plans of corrections filed for surveys in which serious quality of care issues are found.

Recommendation 33: Require that contracts with the medical director include standard language that details state and federal requirements for medical directors.

Recommendation 34: Require that nursing homes notify attending physicians whenever an individual resident is determined at the time of the survey to be at “Actual Harm” or “Potential for Actual Harm”. This notice should include specific details on the nature of the findings.

Recommendation 35: The LTCCC should work with provider and professional organizations to identify current requirements regarding geriatric nursing in state nurse education programs and opportunities to enhance the curriculum. It should also examine the feasibility of requiring specific continuing education units in long-term care and/or geriatric nursing for licensed nurses in supervisory positions in these facilities. These units should also be looked at as part of the new overall state mandatory continuing education program for licensed nurses and the state should promote opportunities for long-term care nurses to access such programs.

Recommendation 36: HEALTH should consider that frequent changes in the Director of Nursing position is a trigger for more frequent monitoring of a nursing home.

Promoting System Quality

Recommendation 37: The LTCCC will prepare state legislation to strengthen nursing home quality improvement requirements.

Recommendation 38. The LTCCC will create a quality subcommittee to periodically review state nursing home survey reports to identify care issues and problems occurring on a repeated or system-wide basis. This information will be shared with Quality Partners of RI and providers to assist in selecting targeted areas for training and education that will improve statewide quality.

Recommendation 39: HEALTH should review the content and presentation of its webbased nursing

home reports to determine if they meet consumer information needs. This review should be done in collaboration with the LTCO and DEA and include consumer input. The statewide Steering Committee for Nursing Home Quality Improvement could also assist with this task.

Recommendation 40: Reintroduce legislation in 2005 to create a state Long-Term-Care Improvement Fund with monies from civil monetary penalties.

Recommendation 41: The LTCCC should work to develop a state Medicaid nursing home quality incentive payment program.

Recommendation 42: The LTCCC should support this initiative and promote appropriate evaluation, including data collection methods, to measure improvements in quality and/or adoption of best practices that result from the implementing components of the initiative.